

CLINICAL ASSESSMENT AND RESEARCH BASELINE INSTRUMENT: Community Version

Mathematica Policy Research, Inc.

January 11, 1982

This instrument was developed for the National Long-Term Care Channeling Demonstration. This project was conducted by Mathematica Policy Research, Inc. and Temple University under contract #HHS-100-80-0133 for the Department of Health and Human Services' Office of Social Services Policy (now Office of Disability, Aging and Long-Term Care Policy). For additional information about this project, visit the DALTCP home page at http://aspe.hhs.gov/_/office_specific/daltcp.cfm or contact the office at HHS/ASPE/DALTCP, Room 424E, H.H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201. The e-mail address is: webmaster.DALTCP@hhs.gov. The Project Officer was Robert Clark.

NATIONAL LONG TERM CARE
DEMONSTRATION

CLINICAL ASSESSMENT
AND RESEARCH
BASELINE INSTRUMENT

COMMUNITY VERSION

This report is authorized by law (Older Americans Act, Section 421; Social Security Act, Sections 1110, 1115, 1875 and 1881; and Public Health Service Act, Sections 1526 and 1533d). While you are not required to respond, your cooperation is needed to make the results of the survey comprehensive, accurate and timely.

CLINICAL NOTES FROM THE SCREEN

Mathematica Policy Research
January 11, 1982

This questionnaire was prepared for the Department of Health and Human Services under Contract No. HHS-100-80-0157.

SAMPLE MEMBER ID. NUMBER	
_ _ - _ _ _ _ _ _ _ _ - _ _	
SUBSAMPLE STATUS	YES NO
CAREGIVER	01 02
PROVIDER	01 02
VALIDATION	01 02

COMPLETE INFORMED CONSENT FORMS

START TIME: |_|_|:|_|_| AM . . 01
 PM . . 02

First I'd like to find out a little about **you** and **your** living situation.
 You may have recently answered a few questions similar to the ones I am going to ask now. It is important that I ask them again so that we will have the same information on everyone.

- A1. **Are you** married, widowed, divorced or separated, or **have you** never been married?
- | | |
|-------------------------|---------|
| MARRIED | 01 |
| WIDOWED | 02 |
| DIVORCED. | 03 |
| SEPARATED | 04 |
| NEVER MARRIED | 05 (A3) |
| NOT ANSWERED. | -1 (A3) |

- A2. **Were you** MARITAL STATUS FROM A1 within the past year?
- | | |
|-----------------------|----|
| YES | 01 |
| NO | 02 |
| NOT ANSWERED. | -1 |

- A3. DOES SAMPLE MEMBER LIVE IN GROUP QUARTERS?
- IF PROXY, ASK: Does SAMPLE MEMBER live in a group home, like a boarding home, or a LOCAL TERMS FOR HOMES PROVIDING SUPPORTIVE SERVICES AND PERSONAL CARE?
- | | |
|------------------------|---------|
| YES | 01 (A8) |
| NO | 02 |
| NOT ANSWERED | -1 |

- A4. **Do you** live alone?
- | | |
|---------------------------|---------|
| YES, ALONE. | 01 (A8) |
| NO, WITH OTHERS | 02 |
| NOT ANSWERED. | -1 |

NAMES OF HOUSEHOLD MEMBERS

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____
- i. _____
- j. _____

COMMENTS ABOUT HOUSEHOLD COMPOSITION

A5. Please tell me the names of everyone who usually lives with **you**.

RECORD NAMES ON FACING PAGE.

COUNT HOUSEHOLD MEMBERS OF USUAL HOME.

A6. How old
is NAME?

A7. How is NAME related to **you**?

	<u>Spouse</u>	<u>Child</u>	<u>Grand- child</u>	<u>Sibling</u>	<u>Parent</u>	<u>Other Relative</u>	<u>Non- Relative</u>	<u>NA</u>
a. __ __	01	02	03	04	05	06	07	-1
b. __ __	01	02	03	04	05	06	07	-1
c. __ __	01	02	03	04	05	06	07	-1
d. __ __	01	02	03	04	05	06	07	-1
e. __ __	01	02	03	04	05	06	07	-1
f. __ __	01	02	03	04	05	06	07	-1
g. __ __	01	02	03	04	05	06	07	-1
h. __ __	01	02	03	04	05	06	07	-1
i. __ __	01	02	03	04	05	06	07	-1
j. __ __	01	02	03	04	05	06	07	-1

A8. **Do you** have any children (who do not live with **you**)?

INCLUDE ONLY LIVING CHILDREN.

YES → How many? |__|__|

NO 00 (A10)

NOT ANSWERED. -1 (A10)

A9. (Do any of these children/Does this child) live within one-half hour travel time of **you**?

IF PLACE NAMES GIVEN, PROBE FOR TRAVEL TIME.

YES → How many? |__|__|

NO 00

NOT ANSWERED. -1

A10. Could you please tell me the name, address, and phone number of someone we might contact in case we have trouble getting in touch with **you**?

RECORD NAME, ADDRESS, AND TELEPHONE NUMBER ON CONTACT SHEET IN QUESTION 15.

NOTES ON RACIAL/ETHNIC BACKGROUND

NOTES ON PROBLEMS WITH ENGLISH/LITERACY

A11. CODE WITHOUT ASKING IF BIRTHDATE PRECODED ONTO CONTACT SHEET (QUESTION 6) FROM SCREEN.

What is **your** birthdate?

PROBE: How old **are you**?

|_|_| | | | | | | | | | |
MONTH DAY YEAR

NOT ANSWERED. -1

A12. What is the highest grade or year **you** finished in school?

NO SCHOOLING. 00

IF UNGRADED OR FOREIGN SCHOOL, PROBE: About what grade would that be equal to (in this country)?

ELEMENTARY (01-08). . |_|_|_|

HIGH SCHOOL (09-12) . |_|_|_|

COLLEGE GRADUATE (13-18+). |_|_|_|

NOT ANSWERED. -1

A13. ASK IF NOT OBVIOUS.

What is **your** racial or ethnic background?

AMERICAN INDIAN OR ALASKAN NATIVE 01

PROBE: **Are you** of Spanish origin?

ASIAN OR PACIFIC ISLANDER 02

BLACK, NOT OF HISPANIC ORIGIN 03

READ CATEGORIES IF NECESSARY.

HISPANIC. 04

WHITE, NOT OF HISPANIC ORIGIN 05

NOT ANSWERED. -1

A14. CHECKPOINT A

DOES SAMPLE MEMBER SEEM VERY CONFUSED, DISORIENTED, ANXIOUS, OR EXHAUSTED?

YES 01 —> The rest of the questions I need to ask you will only take about ten minutes more. ASK SUBJECTIVE QUESTIONS R19, PAGE 9, AND SECTION G, PAGE 36.

NO 02 —> CONTINUE WITH B1.

PROXY RESPONDENT -4 —> CONTINUE WITH B1.

NOTES ON SOURCES OF MEDICAL CARE

B. PHYSICAL HEALTH

The next questions are about **your** physical health.

B1. How would **you** rate **your** overall health at the present time -- would **you** say

excellent,. 01

good, 02

fair, 03

or poor? 04

NOT ANSWERED. -1

B2. **Do you** have a regular source of medical care, like a family doctor or a clinic?

YES 01

NO. 02

NOT ANSWERED. -1

B3. Now I am going to read you a list of health conditions and illnesses. Please tell me if **you have** any of them at the present time.

IF YES →				B4. Are you currently being treated for this condition?		
	YES	NO	NA	YES	NO	NA
a. First, do you have anemia (tired blood, iron-poor blood)?	01	02	-1	01	02	-1
b. High blood pressure?	01	02	-1	01	02	-1
c. Angina or heart trouble, for example, heart attacks? . . .	01	02	-1	01	02	-1
d. Effects of a stroke?	01	02	-1	01	02	-1
e. Diabetes?	01	02	-1	01	02	-1
f. Arthritis or pain in your joints?	01	02	-1	01	02	-1
g. Cancer, leukemia, or a tumor?	01	02	-1	01	02	-1
h. Nerve or muscle problems like neuralgia, Parkinson's disease, or seizures?	01	02	-1	01	02	-1
i. Respiratory problems like asthma, emphysema, or bronchitis?	01	02	-1	01	02	-1
j. Skin problems like a rash, eczema, or bed sores?	01	02	-1	01	02	-1
k. Broken or dislocated bones?	01	02	-1	01	02	-1
l. Paralysis?	01	02	-1	01	02	-1
m. Do you have any (other) health conditions or illnesses we haven't talked about? (SPECIFY)						
PROBE: Anything else?						
_____	01	02	-1	01	02	-1
_____						
_____						
_____						

B5. I would like some information about the medicines **you take** regularly now. Let's start with **your** prescriptions. (May I see them?)

AFTER PRESCRIPTIONS NOTED,
 Are there any other medicines **you keep** in a special place, for example in the refrigerator, or any special medicines like eyedrops, suppositories or injections?

AFTER ANY SPECIAL MEDICINES NOTED,
 Are there any non-prescription medicines **you take** regularly like vitamins, aspirin, or laxatives?

RECORD MEDICINES ON
 OPPOSITE PAGE

NUMBER OF MEDICINES | ___ | ___ |

REGULARLY = ON A ROUTINE BASIS AT THE PRESENT TIME.

Are you frequently in pain?

NOTES ON DIET AND NUTRITION

- B6. DOES SAMPLE MEMBER HAVE ANY HEALTH CONDITIONS OR ILLNESSES IN B3?
- YES 01
 NO. 02 (B9)
 B3 NOT ANSWERED 03 (B9)
- B7. Thinking about the (health condition(s)/illness(es)) **you have** now, did (it/any of these) first become a problem within the past year?
- YES 01
 NO. 02
 NOT ANSWERED. -1
- B8. Did (it/any) become much worse?
- YES 01
 NO. 02
 NOT ANSWERED. -1
- B9. Often what you eat is important to your health. Could you please tell me what **you** ate yesterday?
- CIRCLE ALL THAT APPLY
- PROBE: It may help to start with what **you** ate for breakfast.
- READ CATEGORIES IF NECESSARY.
- DAIRY PRODUCTS, SUCH AS MILK, CHEESE, OR YOGURT . 01
 "PROTEIN FOODS," SUCH AS MEAT, POULTRY, FISH, EGGS, OR DRIED BEANS . . 02
 FRUITS OR VEGETABLES-EITHER RAW, COOKED OR CANNED . . 03
 FOODS MADE FROM GRAINS, SUCH AS BREAD, CEREAL, NOODLES, OR RICE 04
 DID NOT EAT YESTERDAY . . . 05
 DOES NOT EAT AT ALL (IV, TUBES) 06
 NOT ANSWERED -1
- B10. **Are you** on a special diet?
- YES 01
 NO. 02 (B12)
 NOT ANSWERED. -1 (B12)
- B11. Did a doctor prescribe it?
- INCLUDE DIETS "PRESCRIBED" BY DIETICIANS UNDER DOCTORS' ORDERS.
- YES 01
 NO. 02
 NOT ANSWERED. -1

NOTES ON SPECIAL EQUIPMENT

B12. CODE WITHOUT ASKING IF KNOWN.
Do you smoke?

YES 01
 NO 02
 NOT ANSWERED. -1

B13. Now, I'd like to talk about special equipment **you** may use.

CODE WITHOUT ASKING IF KNOWN.

Do you use any of the following special equipment or aids regularly now?

REGULARLY = ON A RECURRING BASIS, DURING THE
 PAST WEEK.

	<u>YES</u>	<u>NO</u>	<u>NOT ANSWERED</u>
a. Dentures?	01	02	-1
b. A cane?	01	02	-1
c. A walker?	01	02	-1
d. A wheelchair?	01	02	-1
e. A leg brace?.	01	02	-1
f. A back brace?	01	02	-1
g. A pacemaker (for your heart)?	01	02	-1
h. A hearing aid?.	01	02	-1
i. Glasses or contact lenses?	01	02	-1
j. Any other special equipment that I haven't mentioned? (SPECIFY)			
_____	01	02	-1

MEDICAL TREATMENTS AT HOME

NOTES ON HELP AND HELP NEEDED

NOTES ON VISION PROBLEMS (GLASSES, CATARACTS, GLAUCOMA, NIGHTVISION,
AND SO ON)

NOTES ON HEARING PROBLEMS, BY OBSERVATION OR PROBE
(HEARING AID, NEED FOR RAISED VOLUME, AND SO ON)

- B14. **Do you regularly** have any medical treatments at home like injections, therapies, oxygen or changing of bandages?
- REGULARLY = ON A ROUTINE BASIS OF AT LEAST ONCE A WEEK, AT THE PRESENT TIME.
- YES 01
- NO. 02 (B16)
- NOT ANSWERED. -1 (B16)
- B15. Do you feel that **you are** getting enough help to carry out these treatments at home or **do you** need more help with them?
- ENOUGH HELP/NO HELP NEEDED. 01
- NEED MORE HELP. 02
- NOT ANSWERED. -1
- B16. CODE WITHOUT ASKING IF KNOWN.
(With **your** glasses or lenses) can **you** see well enough to read the labels on **your** medicine bottles or see the numbers on a telephone?
- IF FOREIGN, PROBE:
Could **you** read a SM'S NATIVE LANGUAGE newspaper?
- YES 01
- NO 02
- NOT ANSWERED. -1
- B17. CAN THE SAMPLE MEMBER HEAR WELL ENOUGH TO UNDERSTAND NORMAL CONVERSATION (WITH A HEARING AID IF USUALLY WORN)?
- ASK OF A PROXY RESPONDENT.
- YES 01
- NO 02
- NOT ANSWERED. -1
- B18. IS THE RESPONDENT A SAMPLE MEMBER OR A PROXY?
- SAMPLE MEMBER 01
- PROXY 02 (C1)

NOTES ON COGNITIVE FUNCTIONING

DO NOT ASK OF A PROXY RESPONDENT.

B19. Sometimes when people get older, they have trouble remembering things. If you do not know the answers to some of the next questions, that's okay. It's very normal. If you do know the answers, the questions may seem obvious.

	CORRECT	INCORRECT/ NOT ANSWERED
a. What is the date today? <hr/>	01	02
b. What day of the week is it? <hr/>	01	02
c. What is the name of this place? PROBE: This neighborhood? This apartment (house/project)? <hr/>	01	02
HOME, PLACE NAME ARE TYPICAL OF CORRECT RESPONSES.		
d. What is your telephone number? IF SAMPLE MEMBER DOES NOT HAVE A PHONE, What is your street address? <hr/>	01	02
e. How old are you? <hr/>	01	02
f. When were you born? MO: DAY: YR: <hr/>	01	02
CHECK CONTACT SHEET QUESTION 6. IF NOT ON CONTACT SHEET, CHECK A11.		
g. What is the name of the President of the United States? <hr/>	01	02
h. Who was President before this one? <hr/>	01	02
i. What was your mother's maiden name? <hr/>	01	02
ACCEPT ANY SURNAME OTHER THAN SM'S.		
j. Subtract 3 from 20 and keep subtracting 3 from each new number you get, all the way down. PROBE: Can you subtract 3 from that? <hr/>	01	02
17, 14, 11, 8, 5, 2		

Thank you. That's all of those questions.

|__|__| NUMBER CORRECT

B20. DID YOU USE CHECKPOINT A TO SKIP TO R19 (SEE A14)?
YES 01 —————> CONTINUE WITH G1, PAGE 36.
NO 02

B21. CHECKPOINT B
DOES SAMPLE MEMBER SEEM VERY CONFUSED, DISORIENTED, ANXIOUS, OR
EXHAUSTED?
YES 01 —————> The rest of the questions I need to
ask you will take only about ten
minutes more. ASK SECTION G, PAGE
36.
NO 02 —————> CONTINUE WITH C1.

REASON(S) FOR HOSPITALIZATION(S)

C. MEDICAL CARE UTILIZATION

C1. The next questions are about **your** use of medical services.

Since DATE 6 MONTHS AGO , how many times **were you** admitted to any kind of hospital?

	ADMISSIONS.	__ __
TRANSFER BETWEEN HOSPITALS =	NONE	00 (C5)
MULTIPLE ADMISSIONS.	NOT ANSWERED.	-1 (C5)

C2. (Starting with the most recent time,) could you please tell me which hospital(s) **you were** in since DATE 6 MONTHS AGO .

PROBE: Any others, since DATE 6 MONTHS AGO ?

a. MOST RECENT STAY	_____	__ __ __
	NOT ANSWERED	-1
b. NEXT MOST RECENT	_____	__ __ __
	NOT ANSWERED	-1
c. NEXT MOST RECENT	_____	__ __ __
	NOT ANSWERED	-1
d. NEXT MOST RECENT	_____	__ __ __
	NOT ANSWERED	-1
e. NEXT MOST RECENT	_____	__ __ __
	NOT ANSWERED	-1

C3. **Were you** in the hospital since DATE 2 MONTHS AGO ?

PROBE: Did you stay overnight?	YES	01
	NO	02 (C5)
	NOT ANSWERED.	-1 (C5)

C4. Altogether, how many days **were you** in the hospital since DATE 2 MONTHS AGO ?

PROBE: Counting <u>all</u> hospital stays since <u>DATE 2 MONTHS AGO</u> ?	HOSPITAL DAYS	__ __
	NOT ANSWERED.	-1

IF "A WEEK," PROBE FOR FULL WEEK OF 7 DAYS.

REASON(S) FOR NURSING HOME STAY(S)

C5. Since DATE 6 MONTHS AGO , **were you** a resident in a nursing home, convalescent home or similar place?

YES 01

NO 02 (C10)

NOT ANSWERED. -1 (C10)

C6. Did **you** have any other admissions to a nursing home since DATE 6 MONTHS AGO ?

YES 01

NO 02

NOT ANSWERED. -1

C7. Could you please tell me which nursing home(s) **you were** in since DATE 6 MONTHS AGO?

PROBE: Any other times, since DATE 6 MONTHS AGO?

a. MOST RECENT STAY _____ |__|__|__|

NOT ANSWERED -1

b. NEXT MOST RECENT _____ |__|__|__|

NOT ANSWERED -1

c. NEXT MOST RECENT _____ |__|__|__|

NOT ANSWERED -1

C8. **Were you** in a nursing home since DATE 2 MONTHS AGO ?

PROBE: **Were you** a resident in a nursing home?

YES 01

NO 02 (C10)

NOT ANSWERED. -1 (C10)

C9. Altogether, how many days **were you** in a nursing home since DATE 2 MONTHS AGO ?

NURSING HOME DAYS . . |__|__|

NOT ANSWERED. -1

C10. The next question is about doctors **you** may have seen since DATE 2 MONTHS AGO (outside of the (hospital/nursing home) stay(s) you just told me about).

Since DATE 2 MONTHS AGO , how many times **have you** seen a medical doctor in an office, clinic, or at home? Please include hospital outpatient clinics and emergency rooms.

IF MENTIONS NUMBER OF VISITS
TO CLINIC, PROBE: On how many
of those visits did **you** see
a doctor?

DOCTOR VISITS |__|__|
NONE. 00
NOT ANSWERED. -1

C11. Since DATE 2 MONTHS AGO , how many days did **you** stay in bed most or all of the day (either at home or in the (hospital/nursing home))?

DAYS |__|__|
NONE. 00
NOT ANSWERED. -1

EATING

NOTES ON HELP AND HELP NEEDED

D. PHYSICAL ACTIVITIES OF DAILY LIVING

EATING

D1. The next questions are about taking care of yourself.

First I'd like to ask you about help with eating.

During the past week, did someone usually help **you** eat or stay in the room in case **you** needed help eating?

	YES, USUALLY HELPED	01
DO NOT INCLUDE HELP WITH CUTTING MEAT OR BUTTERING BREAD.	NO, NOT USUALLY HELPED. . .	02 (D3)
	IV, TUBES	03 (D4)
USUALLY = HALF THE TIME OR MORE DURING THE PAST WEEK.	NOT ANSWERED.	-1 (D3)

D2. Did someone usually feed **you**?

PROBE: For most of the meal?

YES	01
NO	02
NOT ANSWERED.	-1

D3. Do you feel that **you need** (help/more help) with eating?

YES	01
NO	02
NOT ANSWERED.	-1

BED AND CHAIR TRANSFER

D4. During the past week, did someone usually help **you** get out of bed or a chair or stay in the room in case **you** needed help?

IF HELP WITH BED AND/OR CHAIR, CODE "YFS".

USUALLY = HALF THE TIME OR MORE DURING THE PAST WEEK.

YES, USUALLY HELPED	01
NO, NOT USUALLY HELPED. . .	02 (D6)
DID NOT GET OUT OF BED AT ALL	03 (D7)
NOT ANSWERED.	-1 (D6)

BED AND CHAIR TRANSFER

NOTES ON HELP AND HELP NEEDED

D5. Did someone usually lift **you** out of bed or a chair?

YES 01

NO 02

NOT ANSWERED. -1

D6. During the past week, did **you** usually use special equipment, like a lift, to help **you** get out of bed or a chair?

DO NOT INCLUDE USING A CANE,
WALKER, OR ORDINARY FURNITURE,
IN TRANSFER.

YES 01

NO 02

NOT ANSWERED. -1

D7. Do you feel that **you need** (help/more help) with getting out of bed or a chair?

IF NO, PROBE: What about special
equipment, **do you**
need that?

YES 01

NO 02

NOT ANSWERED. -1

DRESSING

D8. The next questions are about dressing--that is, getting clothes and putting them on (including **your** brace).

During the past week, did **you** usually get dressed for the day or did **you** stay in night clothes?

USUALLY = HALF THE TIME OR MORE
DURING THE PAST WEEK.

GOT DRESSED 01

STAYED IN NIGHT CLOTHES . . 02

DID NOT CHANGE CLOTHES
AT ALL 03 (D11)

NOT ANSWERED. -1 (D11)

D9. Did someone usually help(**you** dress/change **your** night clothes) or stay in the room in case **you** needed help?

DO NOT INCLUDE HELP
IN TYING SHOES OR
GROOMING.

YES, USUALLY HELPED 01

NO, NOT USUALLY HELPED. . . 02 (D11)

NOT ANSWERED. -1 (D11)

DRESSING

NOTES ON HELP AND HELP NEEDED

D10. Did someone usually (dress **you**/change **your** night clothes for **you**)?

YES 01

NO 02

NOT ANSWERED. -1

D11. Do you feel that **you need** (help/more help) with (getting dressed/changing **your** night clothes)?

YES 01

NO 02

NOT ANSWERED. -1

BATHING

D12. The next questions are about bathing--including turning on the water.

During the past week when you had a full bath, did **you** usually bathe in a tub or shower, at a sink or basin, or did **you** have bedbaths?

IF MULTIPLE METHODS USED,
 PROBE: Which did **you** usually
 use for a full bath?

USUALLY = HALF THE TIME OR MORE
 DURING THE PAST WEEK.

IN TUB OR SHOWER 01

IN SINK OR BASIN. 02 (D14)

BEDBATHS/DID NOT HAVE
 FULL BATH 03 (D17)

NOT ANSWERED. -1 (D14)

D13. Did someone usually help **you** get in or out of the tub or shower or stay in the room in case **you** needed help?

YES 01

NO 02

NOT ANSWERED. -1

D14. During the past week, did someone usually help **you** bathe (at the sink or basin) or stay in the room in case **you** needed help?

YES, USUALLY HELPED 01

NO, NOT USUALLY HELPED. . . 02 (D16)

NOT ANSWERED. -1 (D16)

BATHING

NOTES ON HELP AND HELP NEEDED

TOILETING/CONTINENCE

DETAILS ON TOILETING

- D15. Did someone help **you** wash more than your back or feet?
- EXCLUDE HELP WITH SHAMPOOING HAIR.
- YES 01
 NO 02
 NOT ANSWERED. -1
- D16. Did **you** usually use special equipment to help **you** bathe, like (a tub stool or grab bar/handle bars at the sink)?
- YES 01
 NO 02
 NOT ANSWERED. -1
- D17. Do you feel that **you need** (help/more help) with bathing?
- IF NO, PROBE: What about special equipment, **do you** need that?
- YES 01
 NO 02
 NOT ANSWERED. -1

TOILETING

- D18. The next questions are about personal care. The first one is about using the toilet.
- During the past week, did **you** usually go to the bathroom to use the toilet?
- PROBE: For either **your** bowel or bladder functions?
- IF NO, PROBE: What did **you** usually use?
- USUALLY = HALF THE TIME OR MORE DURING THE PAST WEEK.
- YES, TOILET FOR AT LEAST ONE FUNCTION. . . . 01
 NO (BEDPAN, BEDSIDE COMMUNE, CATHETER, COLOSTOMY) 02 (D21)
 NOT ANSWERED. -1 (D21)
- D19. Did someone usually help **you** get to the bathroom to use the toilet or stay nearby in case **you** needed help?
- YES, USUALLY HELPED 01
 NO, NOT USUALLY HELPED. . . 02
 NOT ANSWERED. -1
- D20. During the past week, did **you** usually use special equipment like a grab bar or raised toilet seat to help **you** use the toilet?
- YES 01
 NO 02
 NOT ANSWERED. -1

TOILETING/CONTINENCE

NOTES ON HELP AND HELP NEEDED

- D21. CODE WITHOUT ASKING IF KNOWN.
Do you use a device such as a catheter bag or colostomy bag?
- YES 01
NO 02 (D23)
NOT ANSWERED. -1 (D23)
- D22. **Do you** change (this/your DEVICE) by **yourself**?
- SELF CARE 01
HELP WITH CARE. 02
NOT ANSWERED. -1
- D23. During the past week, did **you** accidentally wet or soil **yourself**, either day or night?
- YES 01
NO 02
NOT ANSWERED. -1
- D24. Do you feel that **you need** (help/more help) with (using the toilet/caring for **your** bladder and bowel functions)?
- IF NO, PROBE: What about special equipment, **do you** need that?
- YES 01
NO 02
NOT ANSWERED. -1
- D25. CHECKPOINT D
- DOES SAMPLE MEMBER SEEM VERY CONFUSED, DISORIENTED, ANXIOUS, OR EXHAUSTED?
- YES 01 → The rest of the questions I need to ask you will take only about ten minutes more. ASK SECTION G, PAGE 36.
NO 02 → CONTINUE WITH E1.
PROXY RESPONDENT. -4 → CONTINUE WITH E1.

BEDBOUND/HOUSEHOLD ACTIVITIES

NOTES ON HELP NEEDED

E. INSTRUMENTAL ACTIVITIES OF DAILY LIVING

BEDBOUND/HOUSEHOLD ACTIVITIES

E1. IS SM BEDBOUND (DOES NOT GET OUT OF BED OR ONLY IF LIFTED)? (SEE D4 AND D5.)
 YES 01
 NO 02 (E4)
 D4 OR D5 NOT ANSWERED . . . 03 (E4)

E2. For how long **have you** been unable to get out of bed -- has it been more than one month?
 YES, MORE THAN ONE MONTH. . 01
 NO, ONE MONTH OR LESS . . . 02 (E4)
 NOT ANSWERED. -1 (E4)

E3. The next questions are about things that are usually done in a household.

Do you feel that **you need** more help with --

PROBE: In addition to help you are getting now,		<u>YES</u>	<u>NO</u>	<u>NA</u>
a. getting groceries?	01	02	-1	
b. work around the house, like washing dishes or cleaning floors? . .	01	02	-1	
c. preparing meals?	01	02	-1	
d. getting around inside?	01	02	-1	
e. transportation (PROBE: For going to the doctor)?	01	02	-1	

*** SKIP TO E11. ***

MEAL PREPARATION

E4. These next questions are about things done in a household, such as cleaning and cooking.

Do you usually prepare **your** own meals by **yourself**?

USUALLY = HALF THE TIME OR MORE DURING THE PAST MONTH.
 YES, USUALLY BY SELF. . . . 01 (E9)
 NO, USUALLY HAS HELP/
 NO MEALS PREPARED 02
 NOT ANSWERED. -1 (E6)

MEAL PREPARATION

NOTES ON HELP AND HELPERS

NOTES ON HELP NEEDED

- E5. What is the reason **you** (**get** help preparing/**don't** prepare) meals?
- PHYSICAL, COGNITIVE
OR EMOTIONAL IMPAIRMENT . 01
- DON'T KNOW HOW. 02
- SITUATIONAL/PERSONAL
PREFERENCE/OTHER. 03 (E7)
- NOT ANSWERED. -1
- E6. **Are you able** to prepare light meals, such as a sandwich, by **yourself** ?
- CAN PREPARE LIGHT MEALS . . 01 (E10)
- CANNOT. 02 (E10)
- NOT ANSWERED. -1 (E10)
- E7. (If that were not the case,) could **you** prepare full meals, such as meat and a vegetable, by **yourself**?
- PROBE: If the rules permitted/
If someone else didn't
do it/ YES 01 (E10)
- If **you** had a kitchen/
If **you** wanted to, NO 02
- NOT ANSWERED. -1
- E8. Could **you** prepare light meals, such as a sandwich, by **yourself** ?
- YES 01 (E10)
- NO 02 (E10)
- NOT ANSWERED. -1 (E10)
- E9. Is that full meals, like meat and a vegetable, or light meals, like a sandwich?
- LIGHT MEALS ONLY. 01
- PROBE: Or both? FULL MEALS ONLY 02
- BOTH 03
- NOT ANSWERED. -1
- E10. Do you feel that **you need** (help/more help) with meal preparation?
- YES 01
- NO 02
- NOT ANSWERED. -1

E11. Do members of **your** family or friends (who do not live with **you**) regularly prepare meals for **you** and bring them to **your** home?

REGULARLY = ON A ROUTINE BASIS, AT THE PRESENT TIME, WITH AT LEAST FOUR MEALS DELIVERED A MONTH. YES 01
NO 02
NOT ANSWERED. -1

E12. Do **you** regularly get meals delivered to **your** home now by an agency or organization like (Meals on Wheels/LOCAL NAME)?

REGULARLY = ON A ROUTINE BASIS, AT THE PRESENT TIME, WITH AT LEAST FOUR MEALS DELIVERED A MONTH. YES 01
NO 02 (E15)
NOT ANSWERED. -1 (E15)

E13. What agency or organization is that?

_____ | | | |

NOT ANSWERED. -1

IF MORE THAN ONE, CODE ONE USED MOST FREQUENTLY

E14. How many meals a week are delivered to **your** home by this agency or organization?

IF "DAILY," PROBE FOR A FULL WEEK OF 7 DAYS. MEALS A WEEK | | |

NOT ANSWERED. -1

E15. HAS SM BEEN BEDROUND FOR MORE THAN ONE MONTH (SEE QUESTIONS E1 AND E2)?

YES 01 (E30)
NO 02
E2 NOT ANSWERED 03

E16. Do **you** regularly eat meals now in a senior center or some other place with a special meal program?

REGULARLY = ON A ROUTINE BASIS OF AT LEAST ONE MEAL PER WEEK AT THE PRESENT TIME. YES 01
NO 02
NOT ANSWERED. -1

HOUSEKEEPING

NOTES ON HELP AND HELPERS

HOUSEKEEPING

- E17. **Do you** usually do the work around the house, like washing dishes and cleaning floors, by **yourself**?
- | | |
|---|---|
| USUALLY = HALF THE TIME OR MORE
DURING THE PAST MONTH. | YES, USUALLY BY SELF. . . . 01 (E22) |
| | NO, USUALLY HAS HELP. . . . 02 |
| | NO WORK DONE AROUND THE
HOUSE 03 |
| | NOT ANSWERED. -1 (E19) |
- E18. What is the reason **you** (**get** help with/**don't** do) work around the house?
- | | |
|--|--|
| | PHYSICAL, COGNITIVE OR
EMOTIONAL IMPAIRMENT . . 01 |
| | DON'T KNOW HOW. 02 |
| | SITUATIONAL/PERSONAL
PREFERENCE/OTHER. 03 (E20) |
| | NOT ANSWERED. -1 |
- E19. **Are you** able to do light work around the house, such as washing dishes, by **yourself**?
- | | |
|--|-------------------------------------|
| | CAN DO LIGHT HOUSEWORK . . 01 (E23) |
| | NOT AT ALL. 02 (E23) |
| | NOT ANSWERED. -1 (E23) |
- E20. (If that were not the case,) could **you** do heavy work around the house, such as cleaning floors, by **yourself**?
- | | |
|---|--------------------------|
| PROBE: If someone else didn't
do it/ | YES 01 (E23) |
| If the rules permitted/
If you wanted to, | NO 02 |
| | NOT ANSWERED. -1 |

HOUSEKEEPING

NOTES ON HELP NEEDED

NOTES ON LAUNDRY

SHOPPING

NOTES ON HELP AND HELPERS

E21. Could **you** do light work, such as washing dishes, by **yourself**?

YES 01 (E23)

NO 02 (E23)

NOT ANSWERED. -1 (E23)

E22. Is that heavy work, like cleaning floors or light work, like washing dishes?

PROBE: Or both?

LIGHT WORK ONLY 01

HEAVY WORK ONLY 02

BOTH 03

NOT ANSWERED. -1

E23. Do you feel that **you need** (help/more help) with work around the house?

YES 01

NO 02

NOT ANSWERED. -1

SHOPPING

E24. **Do you** usually shop for most of **your** groceries by **yourself**?

PROBE: Or does someone help by going with **you** or doing it for **you**?

CODE TELEPHONE SHOPPING AS "HAS HELP."

USUALLY = HALF THE TIME OR MORE DURING THE PAST MONTH.

YES, USUALLY BY SELF. . . . 01 (E29)

NO, USUALLY HAS HELP. . . . 02

NOT ANSWERED. -1 (E26)

E25. What is the reason **you get** help with grocery shopping?

PHYSICAL, COGNITIVE OR EMOTIONAL IMPAIRMENT . . 01

SITUATIONAL/PERSONAL PREFERENCE/OTHER. . . . 02 (E27)

NOT ANSWERED. -1

SHOPPING

NOTES ON HELP NEEDED

- E26. **Are you** able to go grocery shopping if someone goes with **you** to help **you** manage?
- PROBE: If **you** had transportation, YES, CAN WITH HELP. 01 (E29)
- NO, CANNOT GO AT ALL. 02 (E29)
- NOT ANSWERED. -1 (E29)
- E27. (If that were not the case,) could **you** go grocery shopping by **yourself**?
- PROBE: If **you** had transportation/ YES 01 (E29)
 If someone else didn't
 do it, NO 02
- NOT ANSWERED. -1
- E28. Could **you** go grocery shopping if someone went with **you** to help **you** manage?
- YES 01
- NO 02
- NOT ANSWERED. -1
- E29. Do you feel **you need** (help/more help) with grocery shopping?
- YES 01
- NO 02
- NOT ANSWERED. -1
- E30. Do members of **your** family or friends regularly buy groceries for **you** with their money?
- REGULARLY = ON A ROUTINE BASIS YES 01
 AT THE PRESENT TIME,
 WITH AT LEAST \$10 NO 02
 WORTH OF GROCERIES
 A MONTH. NOT ANSWERED. -1

TAKING MEDICINE

NOTES ON HELP AND HELPERS

TAKING MEDICINE

E31. The next questions are about taking medicine.

Does someone usually help **you** to take the correct amounts of medicine at the proper time?

PROBE: When **you take** medicine, YES, USUALLY HAS HELP . . . 01
 USUALLY = HALF THE TIME OR MORE NO, USUALLY BY SELF 02 (E36)
 WHEN MEDICINE TAKEN
 DURING THE PAST MONTH. NOT ANSWERED. -1 (E33)

E32. What is the reason **you get** help with taking medicine?

PHYSICAL, COGNITIVE OR EMOTIONAL IMPAIRMENT. . . 01
 SITUATIONAL/PERSONAL PREFERENCE/OTHER. 02 (E34)
 NOT ANSWERED. -1

E33. If someone measures out the amount of medicine beforehand and reminds **you** to take it, **are you able** to do the rest by **yourself**?

IF NEEDS REMINDER AND/OR PREMEASURED AMOUNT, BUT CAN DO REST, CODE "YES." YES 01 (E36)
 NO 02 (E36)
 NOT ANSWERED. -1 (E36)

E34. (If that were not the case,) could **you** take the correct amounts at the proper time without any help from another person?

PROBE: If the rules permitted it/ YES 01 (E36)
 If someone else didn't do it/ NO 02
 If **you** wanted to, NOT ANSWERED. -1

E35. If someone measured out the amount of medicine beforehand and reminded **you** to take it, could **you** do the rest by **yourself**?

YES 01
 NO 02
 NOT ANSWERED. -1

MEDICINES

NOTES ON HELP NEEDED

E36. Do you feel **you need** (help/more help) when **you take** medicine?

YES 01

NO 02

NOT ANSWERED. -1

E37. HAS SM BEEN BEDBOUND FOR MORE THAN ONE MONTH (SEE QUESTION E15)?

YES 01 (E51)

NO 02

E15 NOT ANSWERED. 03

INDOOR MOBILITY

E38. The next questions are about getting around indoors, (inside **this** house/ apartment/on **this** floor).

How **do you** usually get around inside? CIRCLE ONE

<p>IF WALKS, PROBE: Do you use a cane, walker, or crutches?</p> <p>USUALLY = HALF THE TIME OR MORE DURING THE PAST <u>WEEK</u>.</p>	<p>WALKS, NO EQUIPMENT 01</p> <p>WALKS, CANE 02</p> <p>WALKS, WALKER 03</p> <p>WALKS, CRUTCHES 04</p> <p>WALKS, COMBINATION/ OTHER AIDS 05</p> <p>WHEELCHAIR. 06</p> <p>NOT AT ALL. 07 (E41)</p> <p>NOT ANSWERED. -1</p>
--	--

INDOOR MOBILITY

NOTES ON HELP, HELPERS AND ARCHITECTURAL BARRIERS

NOTES ON HELP NEEDED

E39. Does someone usually help **you** get around inside or stay near **you** in case **you need** help?

YES, USUALLY HAS HELP . . . 01

NO, USUALLY BY SELF 02

NOT ANSWERED. -1

E40. IF IN WHEELCHAIR, CODE WITHOUT ASKING.
 How difficult is it for **you** to climb one flight of stairs--is it

PROBE: If there were stairs here, how difficult would it be for you to climb them?

not difficult,. 01

somewhat difficult, 02

very difficult, or. 03

can't **you** do it at all? . . 04

IN WHEELCHAIR 05

NOT ANSWERED. -1

E41. Do you feel that **you need** (help/more help) with getting around inside?

YES 01

NO 02

NOT ANSWERED. -1

OUTDOOR MOBILITY

COMMENTS ON CLIENT'S PHYSICAL STAMINA

TRAVEL/TRANSPORTATION

NOTES ON HELP AND HELPERS

OUTDOOR MOBILITY

E42. What about outdoors? How **do you** usually get around when **you go** outdoors?

CIRCLE ONE

- | | |
|--|--|
| PROBE: Do you walk or use a wheelchair? | WALKS, NO EQUIPMENT 01
WALKS, CANE 02
WALKS, WALKER 03
WALKS, CRUTCHES 04
WALKS, COMBINATION/
OTHER AIDS 05
WHEELCHAIR 06
DOES NOT GO OUTDOORS AT
ALL 07 (E44)
NOT ANSWERED. -1 |
| IF WALKS, PROBE: Do you use a cane, walker, or crutches? | |
| USUALLY = HALF THE TIME OR MORE
WHEN OUTDOORS OVER THE
PAST <u>MONTH</u> . | |

E43. Does someone usually help **you** get around outdoors or stay near **you** in case **you need** help?

- | |
|--|
| YES, USUALLY HAS HELP . . . 01
NO, USUALLY BY SELF 02
NOT ANSWERED. -1 |
|--|

TRAVEL/TRANSPORTATION

E44. What kind of transportation **do you** usually use?

- | | |
|---|--|
| PROBE: What about going to the doctor? | BUS/SUBWAY. 01
CAR/VAN/TAXI. 02
AMBULANCE ONLY. 03 (E50)
DOES NOT TRAVEL AT ALL. . . 04 (E50)
NOT ANSWERED. -1 |
| USUALLY = HALF THE TIME OR MORE
WHEN TRAVELING OVER
THE PAST MONTH. | |

E45. Can you travel in a car, van, or taxi by **yourself**?

- | | |
|--|---|
| IF CAR: Can you drive yourself ? | YES 01 (E47)
NO 02
NOT ANSWERED. -1 |
| CODE NO IF NEEDS HELP IN TRANSFER
FROM DRIVER OF VAN OR TAXI. | |

E46. Can you travel in a car, van, or taxi if someone goes with **you** to help **you** manage?

- | |
|---|
| YES 01
NO 02
NOT ANSWERED. -1 |
|---|

TRAVEL/TRANSPORTATION

NOTES ON HELP NEEDED

MONEY MANAGEMENT

NOTES ON HELP AND HELPERS

E47. Do you regularly have help with transportation from an agency or organization, like LOCAL NAME ?

REGULARLY = ON A RECURRING BASIS OF YES 01
AT LEAST ONE TRIP A MONTH NO 02 (E50)
AT THE PRESENT TIME. NOT ANSWERED. -1 (E50)

E48. What agency or organization is that?
_____|_|_|_|
NOT ANSWERED. -1
IF MORE THAN ONE, CODE ONE USED MOST FREQUENTLY

E49. Since DATE 2 MONTHS AGO , how many trips have you received from (that agency/NAME OF AGENCY IN E48)?

ROUND TRIP = 1 TRIP. TRIPS|_|_|
NOT ANSWERED. -1

E50. Do you feel that you need (help/more help) with transportation?

YES 01
NO 02
NOT ANSWERED. -1

MONEY MANAGEMENT

E51. The next questions are about managing your money, regardless of how much or little you have.

Do you usually write checks or pay bills by yourself?
USUALLY = HALF THE TIME OR MORE YES, USUALLY BY SELF. . . . 01 (E57)
DURING THE PAST MONTH. NO, USUALLY HAS HELP. . . . 02
NO, HAS NO BILLS. 03
NOT ANSWERED. -1 (E54)

E52. Do you have a legal guardian, conservator, or payee?

YES 01
NO 02
NOT ANSWERED. -1

NOTES ON HELP NEEDED

- E53. What is the reason **you** (**get help/don't** have bills)?
- CAN'T GET OUT 01 (E55)
- OTHER PHYSICAL IMPAIRMENT/
COGNITIVE OR EMOTIONAL
IMPAIRMENT. 02
- SITUATIONAL/PERSONAL
PREFERENCE/OTHER. 03 (E55)
- NOT ANSWERED. -1
- E54. **Are you** able to take care of money for day-to-day purchases by **your-
self**?
- YES 01 (E57)
- NO 02 (E57)
- NOT ANSWERED. -1 (E57)
- E55. (If that were not the case,) could **you** write checks or pay bills by **yourself**?
- PROBE: If someone else didn't YES 01 (E57)
do it/
If **you** could get out/ NO 02
If **you** had bills. NOT ANSWERED. -1
- E56. Could **you** take care of money for day-to-day purchases by **yourself**?
- YES 01
- NO 02
- NOT ANSWERED. -1
- E57. Do you feel that **you need** (help/more help) with managing **your** money?
- YES 01
- NO 02
- NOT ANSWERED. -1
- E58. Do members of **your** family or friends regularly pay bills for **you** with their money?
- YES 01
- REGULARLY = ON A ROUTINE BASIS AT
THE PRESENT TIME, WITH
AT LEAST \$10 WORTH
OF BILLS A MONTH. NO 02
- NOT ANSWERED. -1

TELEPHONE

NOTES ON VOLUNTEER CALLING/EMERGENCY RESPONSE SYSTEMS

TELEPHONE

E59. The next questions are about using the telephone.

Can **you** use a regular telephone or **do you** need a phone with special equipment such as an amplifier or enlarged dial?

- REGULAR 01
- NEEDS SPECIAL EQUIPMENT . . 02
- DOES NOT USE TELEPHONE
AT ALL. 03 (E62)
- NOT ANSWERED. -1

E60. (Using this special telephone,) can **you** get telephone numbers and place the calls by **yourself**?

PROBE: Can **you** do both?

- ONE ONLY 01
- BOTH 02 (E62)
- NEITHER 03
- NOT ANSWERED. -1

E61. (Using this special telephone,) can **you** answer the telephone and call the operator by **yourself**?

PROBE: Can **you** do both?

- ANSWER ONLY 01
- CALL OPERATOR ONLY. 02
- BOTH 03
- NEITHER 04
- NOT ANSWERED. -1

E62. DOES SM LIVE ALONE (SEE A3 AND A4)?

THOSE IN GROUP QUARTERS DO
NOT LIVE ALONE.

- YES 01 (F7)
- NO 02
- A3 OR A4 NOT ANSWERED . . . 03

RELATIONSHIP CODES:

SPOUSE 01

CHILD 02

SIBLING. 03

OTHER RELATIVE . . . 04

LIVE-IN STAFF 05

OTHER NON-RELATIVE . . . 06

NOTES ON HOUSEHOLD CAREGIVERS

F. SERVICES AND SUPPORT
HOUSEHOLD SUPPORT SYSTEM

F1. Now I have some more questions about the people who help **you**.

First, please tell me who lives with **you** who regularly helps **you** to take care of **yourself** or who does things around the house.

REGULARLY = ON A ROUTINE BASIS AT THE PRESENT TIME WITH HELP RECEIVED AT LEAST ONCE A MONTH.

IF MORE THAN 3 NAMED: I have some questions about the 3 of these who help **you** the most. Who are they?

RECORD FIRST NAME OR RELATIONSHIP ONLY ON GRID.

	NAME 1 _____	NAME 2 _____	NAME 3 _____
ASK F2-F6 FOR EACH HOUSEHOLD CAREGIVER	NO HOUSEHOLD CARE-GIVERS -4 (F7)		
F2. How is <u>NAME</u> related to you ? SEE CODES ON 32a.	RELATIONSHIP. . _ _ _ NOT ANSWERED. -1	RELATIONSHIP. . _ _ _ NOT ANSWERED. -1	RELATIONSHIP. . _ _ _ NOT ANSWERED. -1
F3. When is <u>NAME</u> generally at home to help you if you need it? CIRCLE ALL THAT APPLY.	WEEK NIGHTS 01 WEEK DAYS 02 WEEKENDS 03 NOT ANSWERED -1	WEEK NIGHTS 01 WEEK DAYS 02 WEEKENDS 03 NOT ANSWERED -1	WEEK NIGHTS 01 WEEK DAYS 02 WEEKENDS 03 NOT ANSWERED -1
F4. Is <u>NAME</u> employed?	YES 01 NO 02 NOT ANSWERED -1	YES 01 NO 02 NOT ANSWERED -1	YES 01 NO 02 NOT ANSWERED -1
F5. What does <u>NAME</u> regularly help you with? PROBE: Anything else? CIRCLE ALL THAT APPLY. IF NO MENTION OF PERSONAL CARE, PROBE: Does <u>NAME</u> help you with eating, getting out of bed or a chair, dressing, bathing or using the toilet?	PERSONAL CARE 01 PREPARING MEALS 02 HOUSEWORK, LAUNDRY SHOPPING, CHORES. . . 03 TAKING MEDICINE 04 MEDICAL TREATMENTS. . . 05 TRANSPORTATION. 06 MANAGING MONEY. 07 MONITORING. 08 OTHER (SPECIFY) _____ 09 NOT ANSWERED -1	PERSONAL CARE 01 PREPARING MEALS 02 HOUSEWORK, LAUNDRY SHOPPING, CHORES. . . 03 TAKING MEDICINE 04 MEDICAL TREATMENTS. . . 05 TRANSPORTATION. 06 MANAGING MONEY. 07 MONITORING. 08 OTHER (SPECIFY) _____ 09 NOT ANSWERED -1	PERSONAL CARE 01 PREPARING MEALS 02 HOUSEWORK, LAUNDRY SHOPPING, CHORES. . . 03 TAKING MEDICINE 04 MEDICAL TREATMENTS. . . 05 TRANSPORTATION. 06 MANAGING MONEY. 07 MONITORING. 08 OTHER (SPECIFY) _____ 09 NOT ANSWERED -1
F6. WAS ANOTHER HOUSEHOLD CARE-GIVER NAMED?	YES . (REPEAT F2-F6). 01 NO . (GO TO F7). 02	YES . (REPEAT F2-F6). 01 NO . (GO TO F7). 02	GO TO F7

RELATIONSHIP CODES:

SPOUSE 01
CHILD 02
SIBLING. 03
OTHER RELATIVE . . . 04
CODES 05 AND 06 ARE
NOT APPLICABLE
FRIEND 07
NEIGHBOR 08

DECIMAL FRACTIONS OF AN HOUR:

10 MINUTES = 00.2 HOURS
15 MINUTES = 00.2 HOURS
20 MINUTES = 00.3 HOURS
30 MINUTES = 00.5 HOURS
45 MINUTES = 00.8 HOURS

NOTES ON INFORMAL CAREGIVERS

INFORMAL SUPPORT SYSTEM

F7. Next, please tell me the names of friends, neighbors or family members (who do not live with **you**) who regularly help **you**. Please do not include people who help **you** as part of their paid or volunteer work.

REGULARLY = ON A ROUTINE BASIS AT THE PRESENT TIME WITH HELP RECEIVED AT LEAST ONCE A MONTH.

IF MORE THAN 3 NAMED: I have some questions about the 3 of these who help **you** the most. Who are they?

RECORD FIRST NAME OR RELATIONSHIP ONLY ON GRID.

	NAME 1 _____	NAME 2 _____	NAME 3 _____
ASK F8-F13 FOR EACH INFORMAL CAREGIVER	NO INFORMAL CARE-GIVERS -4 (F14)		
F8. How is <u>NAME</u> related to you ? SEE CODES ON 33a.	RELATIONSHIP. . __ __ NOT ANSWERED. -1	RELATIONSHIP. . __ __ NOT ANSWERED. -1	RELATIONSHIP. . __ __ NOT ANSWERED. -1
F9. IF RELATIVE, Is <u>NAME</u> employed?	YES 01 NO 02 NOT RELATIVE -4 NOT ANSWERED -1	YES 01 NO 02 NOT RELATIVE -4 NOT ANSWERED -1	YES 01 NO 02 NOT RELATIVE -4 NOT ANSWERED -1
F10. About how often does <u>NAME</u> come to help you ? PROBE: In the average week or month?	__ __ VISITS PER WEEK 01 PER MONTH 02 NOT ANSWERED -1	__ __ VISITS PER WEEK 01 PER MONTH 02 NOT ANSWERED -1	__ __ VISITS PER WEEK 01 PER MONTH 02 NOT ANSWERED -1
F11. About how long does <u>NAME</u> usually stay each visit? PROBE: On the average?	__ __ . __ HOURS NOT ANSWERED -1	__ __ . __ HOURS NOT ANSWERED -1	__ __ . __ HOURS NOT ANSWERED -1
F12. What does <u>NAME</u> regularly help you with? PROBE: Anything else? CIRCLE ALL THAT APPLY. IF NO MENTION OF PERSONAL CARE, PROBE: Does <u>NAME</u> help you with eating, getting out of bed or a chair, dressing, bathing, or using the toilet?	PERSONAL CARE 01 PREPARING MEALS . . . 02 HOUSEWORK, LAUNDRY, SHOPPING, CHORES. . 03 TAKING MEDICINE . . . 04 MEDICAL TREATMENTS. . 05 TRANSPORTATION. . . . 06 MANAGING MONEY. . . . 07 MONITORING. 08 OTHER (SPECIFY) _____ 09 NOT ANSWERED -1	PERSONAL CARE 01 PREPARING MEALS . . . 02 HOUSEWORK, LAUNDRY, SHOPPING, CHORES. . 03 TAKING MEDICINE . . . 04 MEDICAL TREATMENTS. . 05 TRANSPORTATION. . . . 06 MANAGING MONEY. . . . 07 MONITORING. 08 OTHER (SPECIFY) _____ 09 NOT ANSWERED -1	PERSONAL CARE 01 PREPARING MEALS . . . 02 HOUSEWORK, LAUNDRY, SHOPPING, CHORES. . 03 TAKING MEDICINE . . . 04 MEDICAL TREATMENTS. . 05 TRANSPORTATION. . . . 06 MANAGING MONEY. . . . 07 MONITORING. 08 OTHER (SPECIFY) _____ 09 NOT ANSWERED -1
F13. WAS ANOTHER INFORMAL CAREGIVER NAMED?	YES . (REPEAT F8-F13) 01 NO . (GO TO F14) . . 02	YES . (REPEAT F8-F13) 01 NO . (GO TO F14) . . 02	GO TO F14

DECIMAL FRACTIONS OF AN HOUR:

10 MINUTES = 00.2 HOURS

30 MINUTES = 00.5 HOURS

15 MINUTES = 00.2 HOURS

45 MINUTES = 00.8 HOURS

20 MINUTES = 00.3 HOURS

NOTES ON FORMAL CAREGIVERS

FORMAL SUPPORT SYSTEM

F14. Now, please tell me the people who regularly (come to) help **you** as part of their paid or volunteer work. These could be people who come from an agency or organization or (people **you** or **your** family hired/people on the staff here).

REGULARLY = ON A ROUTINE BASIS AT THE PRESENT TIME WITH HELP RECEIVED AT LEAST ONCE A MONTH.

IF MORE THAN 3 NAMED: I have some questions about the 3 of these who help **you** the most. Who are they?

RECORD FIRST NAME OR TITLE ONLY ON GRID.

ASK F15-F19 FOR EACH FORMAL CAREGIVER	NAME 1 _____ NO FORMAL CARE-GIVERS -4 (F22)	NAME 2 _____	NAME 3 _____
<p>F15. Do you have a card or letter from the agency so that I can get the correct spelling? IF NO CARD, ASK FOR AGENCY NAME.</p> <p>IF CANNOT NAME AGENCY, PROBE FOR HELPER'S NAME AND TELEPHONE NUMBER.</p>	<p>_____</p> <p>_____</p> <p>_____ </p> <p>NOT WITH AGENCY . . . -4</p> <p>NOT ANSWERED -1</p>	<p>_____</p> <p>_____</p> <p>_____ </p> <p>NOT WITH AGENCY . . . -4</p> <p>NOT ANSWERED -1</p>	<p>_____</p> <p>_____</p> <p>_____ </p> <p>NOT WITH AGENCY . . . -4</p> <p>NOT ANSWERED -1</p>
<p>F16. How often does NAME come to help you?</p>	<p> _ _ VISITS</p> <p>PER WEEK 01</p> <p>PER MONTH 02</p> <p>NOT ANSWERED -1</p>	<p> _ _ VISITS</p> <p>PER WEEK 01</p> <p>PER MONTH 02</p> <p>NOT ANSWERED -1</p>	<p> _ _ VISITS</p> <p>PER WEEK 01</p> <p>PER MONTH 02</p> <p>NOT ANSWERED -1</p>
<p>F17. How long does NAME usually stay each visit?</p>	<p> _ _ . _ HOURS</p> <p>NOT ANSWERED -1</p>	<p> _ _ . _ HOURS</p> <p>NOT ANSWERED -1</p>	<p> _ _ . _ HOURS</p> <p>NOT ANSWERED -1</p>
<p>F18. What does NAME regularly help you with? PROBE: Anything else?</p> <p>CIRCLE ALL THAT APPLY.</p> <p>IF NO MENTION OF PERSONAL CARE, PROBE: Does NAME help you with eating, getting out of bed or a chair, dressing, bathing, or using the toilet?</p>	<p>PERSONAL CARE 01</p> <p>PREPARING MEALS . . . 02</p> <p>HOUSEWORK, LAUNDRY, SHOPPING, CHORES. . 03</p> <p>TAKING MEDICINE . . . 04</p> <p>MEDICAL TREATMENTS. . 05</p> <p>TRANSPORTATION. . . . 06</p> <p>MANAGING MONEY. . . . 07</p> <p>MONITORING. 08</p> <p>OTHER (SPECIFY) _____ 09</p> <p>NOT ANSWERED -1</p>	<p>PERSONAL CARE 01</p> <p>PREPARING MEALS . . . 02</p> <p>HOUSEWORK, LAUNDRY, SHOPPING, CHORES. . 03</p> <p>TAKING MEDICINE . . . 04</p> <p>MEDICAL TREATMENTS. . 05</p> <p>TRANSPORTATION. . . . 06</p> <p>MANAGING MONEY. . . . 07</p> <p>MONITORING. 08</p> <p>OTHER (SPECIFY) _____ 09</p> <p>NOT ANSWERED -1</p>	<p>PERSONAL CARE 01</p> <p>PREPARING MEALS . . . 02</p> <p>HOUSEWORK, LAUNDRY, SHOPPING, CHORES. . 03</p> <p>TAKING MEDICINE . . . 04</p> <p>MEDICAL TREATMENTS. . 05</p> <p>TRANSPORTATION. . . . 06</p> <p>MANAGING MONEY. . . . 07</p> <p>MONITORING. 08</p> <p>OTHER (SPECIFY) _____ 09</p> <p>NOT ANSWERED -1</p>
<p>F19. WAS ANOTHER FORMAL CAREGIVER NAMED?</p>	<p>YES (REPEAT F15-19). 01</p> <p>NO . (GO TO F20) . . 02</p>	<p>YES (REPEAT F15-19) . 01</p> <p>NO . (GO TO F20) . . 02</p>	<p>GO TO F20</p>

NOTES ON SOCIAL, RELIGIOUS, AND RECREATIONAL ACTIVITIES

F20. I'd like to know how **you** arranged for FORMAL CAREGIVER NAME 1 (and NAME 2 and NAME 3) to help **you**.

Did someone come to see **you** from LOCAL AGENCIES WITH CASE MANAGEMENT SERVICES to arrange for this help?

PROBE: Like a nurse or social worker?

YES 01
NO 02 (F22)
NOT ANSWERED. -1 (F22)

F21. What agency or organization was that?

NOT ANSWERED. -1

F22. **Do you** regularly attend a social, religious, or recreational program like at a senior center or (church/temple)?

REGULARLY = ON A RECURRING BASIS OF AT LEAST ONE VISIT A MONTH AT THE PRESENT TIME.

YES 01
NO 02
NOT ANSWERED. -1

F23. DOES AREA HAVE DAY HEALTH PROGRAM?

YES 01
NO 02 (F25)

F24. **Do you** regularly go to a group program where people help **you** take care of **yourself** during the day like AREA PROGRAM TITLE?

REGULARLY = ON A ROUTINE BASIS OF AT LEAST ONCE A WEEK AT THE PRESENT TIME.

YES 01
NO 02
NOT ANSWERED. -1

F25. IS THE RESPONDENT A SAMPLE MEMBER OR A PROXY?

SAMPLE MEMBER 01
PROXY 02 (H1)

NOTES ON AFFECT

G. MENTAL FUNCTIONING

*** THIS SECTION IS NOT TO BE ASKED OF A PROXY. ***

Next I'd like to ask you some questions that might describe your attitudes and feelings about your life.

G1. In general, how satisfying do you find the way you're spending your life these days? Would you call it completely satisfying, pretty satisfying or not very satisfying?

- COMPLETELY SATISFYING . . . 01
- PRETTY SATISFYING 02
- NOT VERY SATISFYING 03
- NOT ANSWERED -1

G2. Day to day, how much choice do you have about what you do and when you do it? Would you say you have --

- a great deal of choice, . . 01
- some choice, or 02
- not very much choice? . . . 03
- NOT ANSWERED -1

G3. How confident are you of figuring out how to deal with your problems? Would you say you feel--

- very confident, 01
- somewhat confident, or. . . 02
- not very confident? 03
- NOT ANSWERED -1

G4. How much do you worry about not knowing who to turn to for help? Would you say you worry--

- a lot, 01
- some, or 02
- not very much?. 03
- NOT ANSWERED -1

- G5. How confident are you of getting services when you need them? Would you say you feel--
- very confident, 01
 - somewhat confident, or. . . 02
 - not very confident? 03
 - NOT ANSWERED -1

G6. FOR CLIENT, ASK: As you know, the purpose of this program is to help people live in the community. However, we also want to study how people in general feel about moving to a nursing home.

Under what circumstances would you consider it?

FOR CONTROL, ASK: The purpose of the next question is to help us study how people in general feel about moving to a nursing home.

Under what circumstances would you consider it?

- WOULD NOT GO AT ALL/RATHER DIE. 01
- HEALTH POOR 02
- HEALTH POOR AND NO ONE TO TAKE CARE OF ME . . 03
- HEALTH POOR AND ADVANTAGE OF NURSING HOME MENTIONED 04
- NOT ANSWERED -1

- G7. Now I'm going to read a list of questions to you. Please answer "Yes" or "No" for each of them.

	<u>YES</u>	<u>NO</u>	<u>NA</u>
a. Do you often have trouble getting to sleep or staying asleep?	01	02	-1
b. Do you often find yourself feeling unhappy or depressed?	01	02	-1
c. Are you troubled by your heart pounding or shortness of breath?	01	02	-1
d. Do you usually have a good appetite?	01	02	-1
e. Have you recently had periods of days or weeks when you couldn't "get going"? (you were constantly tired).	01	02	-1
f. Have you had crying spells or problems shaking off the blues?	01	02	-1
g. Do you often have trouble keeping your mind on what you are doing?	01	02	-1

NOTES ON SOCIAL ACTIVITIES

G8. Have you had any counseling or treatment for personal problems or emotional stress since DATE 6 MONTHS AGO ?

- YES 01
- NO. 02
- NOT ANSWERED. -1

G9. My next question is about talking to friends and relatives (who do not live with you).

During the past week, how many times did you talk to friends or relatives in person or over the telephone?

- NOT AT ALL. 01
 - ONCE. 02
 - 2-6 TIMES 03
 - ONCE A DAY OR MORE. 04
 - NOT ANSWERED. -1
- READ RESPONSE CATEGORIES
IF NECESSARY.

G10. Do you find yourself feeling lonely quite often, sometimes, or almost never?

- QUITE OFTEN 01
- SOMETIMES 02
- ALMOST NEVER. 03
- NOT ANSWERED. -1

G11. (Besides your (husband/wife), have any friends or family members you felt close to died within the past year?

- YES 01
- NO. 02
- NOT ANSWERED. -1

G12. DID YOU USE CHECKPOINT A, B, OR D TO SKIP TO B19 AND/OR SECTION G?
(SEE A14, B21, AND D25.)

- YES 01
- NO. 02 (H1)

G13. Do you feel you need more help with --

PROBE: Not counting any help you may be getting now,

	<u>YES</u>	<u>NO</u>	<u>NA</u>
a. preparing meals?	01	02	-1
b. work around the house, like washing dishes or cleaning floors?	01	02	-1
c. getting around <u>inside</u> ?.	01	02	-1
d. transportation to places out of walking distance?	01	02	-1
e. grocery shopping?	01	02	-1
f. taking your medicine?	01	02	-1
g. managing your money?	01	02	-1
h. eating?	01	02	-1
i. getting out of bed or a chair?	01	02	-1
j. dressing?	01	02	-1
k. bathing?	01	02	-1
l. (using the toilet/controlling your bladder and bowel functions)?	01	02	-1

THANK RESPONDENT.

COMPLETE SECTION J.

H. FINANCIAL RESOURCES

H1. The next questions are about **your** insurance.

Are you covered by --

	<u>YES</u>	<u>NO</u>	<u>NOT ANSWERED</u>
a. Medicare-Plan A for hospitalization?	01	02	-1
b. Medicare-Plan B for doctors' bills?	01	02	-1
PROBE: Is something deducted from your Social Security check?			
c. Medicaid?	01	02	-1
PROBE: Do you have a <u>LOCAL COLOR</u> (Medicaid) card?			

H2. IF MEDICARE OR MEDICAID REPORTED:
May I please see **your** (Medicare/Medicaid) card to be sure I write down the number correctly?

	<u>YES</u>	<u>NO</u>	<u>NOT APPLICABLE</u>
a. MEDICARE CARD SEEN	01	02	-4
b. MEDICAID CARD SEEN	01	02	-4

VERIFY MEDICARE/MEDICAID COVERAGE AND NUMBERS ON CONTACT SHEET, (QUESTIONS 7 AND 8). ENTER CORRECT NUMBERS, AS NECESSARY, IN QUESTIONS 16 AND 17 ON CONTACT SHEET.

H3. What about the following kinds of medical or health plans? **Are you** covered by any of these?

	<u>YES</u>	<u>NO</u>	<u>NOT ANSWERED</u>
a. Private insurance which supplements Medicare, like <u>LOCAL NAME?</u>	01	02	-1
b. Private insurance, such as Blue Cross, which covers hospitalization?.	01	02	-1
c. Private insurance, such as Blue Shield, which covers doctors' bills?	01	02	-1
d. Membership in an HMO (Health Maintenance Organization), like <u>LOCAL NAME?</u>	01	02	-1
e. Veterans medical benefits?	01	02	-1
f. Any <u>other</u> medical or health insurance? . .	01	02	-1
(SPECIFY) _____			

H4. In the past six months, has anyone in **your** family (not counting **your** husband/wife) paid medical or nursing home bills for **you** with their money?

EXCLUDE BORROWING FROM FAMILY.	YES	01
	NO	02
	NOT ANSWERED.	-1

H5. The next questions are about sources of income and assets **you** may have.

FOR CLIENT, ASK: This information is needed to see if **you** may be able to get services **you do** not now have.

FOR CONTROL, ASK: This information is needed to help understand the problems of people like **you**.

Do you (and **your** husband/wife) now have any income from--

	IF YES —————→			H6. What is the <u>monthly</u> amount of that income?	NOT ANSWERED
	YES	NO	NA		
a. Social Security or rail- road retirement, including Social Security disability payments? .	01	02	-1	SM: \$ _ _ _ _ _	- 1
PROBE: That is, a green check. EXCLUDE SSI.				SPOUSE: \$ _ _ _ _ _	- 1
				BOTH: \$ _ _ _ _ _	- 1
b. Other checks from the government such as SSI (that is, a gold check), aid to the blind or disabled, or old age assistance?	01	02	-1	SM: \$ _ _ _ _ _	- 1
				SPOUSE: \$ _ _ _ _ _	- 1
				BOTH: \$ _ _ _ _ _	- 1
c. Veterans' disability payments?	01	02	-1	SM: \$ _ _ _ _ _	- 1
				SPOUSE: \$ _ _ _ _ _	- 1
				BOTH: \$ _ _ _ _ _	- 1
d. Retirement pensions or annuities from govern- ment organizations, private employers, unions or military service?	01	02	-1	NOT APPLICABLE	
e. Any other income from things like wages, money from your family, disability, interest, dividends, or rent from property or rooms? . .	01	02	-1	NOT APPLICABLE	

- H7. Before taxes and deductions, how much is **your** (and **your** husband's/wife's) total monthly income?
- CHECK CONSISTENCY WITH H5. \$|__|__|__|__| (H9)
- NOT ANSWERED -1
- H8. Could you give me an idea of the range? Is it --
- less than \$500, 01
- between \$500 and \$1,000,. . . 02
- or \$1,000 or more a month?. 03
- NOT ANSWERED -1
- H9. DOES SM LIVE ALONE, WITH SPOUSE ONLY, OR WITH OTHERS (SEE A3, A4, AND A7)?
- ALONE 01 (H11)
- WITH SPOUSE ONLY. 02 (H11)
- WITH OTHERS, NOT IN A
GROUP HOME 03
- WITH OTHERS, IN A GROUP
HOME 04 (H11)
- A3, A4 OR A7 NOT ANSWERED . 05
- H10. Do the people who live with **you** usually share living expenses?
- USUALLY = HALF THE TIME OR MORE
IN USUAL HOME. YES 01
- NO 02
- NOT ANSWERED -1
- H11. How many people live on **your** income?
- PROBE: How many people depend
on **your** income for at
least half of their
support? TOTAL NUMBER (SELF
ONLY = 01).|__|__|
- NOT ANSWERED -1
- H12. **Are you** (or is anyone in **your** household) receiving food stamps?
- YES 01
- NO 02
- NOT ANSWERED -1

H13. **Do you** (and **your** husband/wife) have any assets like real estate (other than **your** usual home), savings accounts, saving certificates, stocks or bonds, or money market funds?

PROBE: **Do you** have any bank accounts?

IF OWNED BY SPOUSE, CODE "YES."	YES	01	
	NO	02	(H15)
	NOT ANSWERED	-1	(H15)

H14. Would you say that the total value of (this/these) asset(s) is--

less than \$5,000,	01
\$5,000 to \$10,000,.	02
or more than \$10,000?	03
NOT ANSWERED	-1

H15. In the past six months, **have you** had to take money out of savings or sell assets to pay bills or meet living expenses?

YES	01
NO	02 (I1)
NOT ANSWERED	-1 (I1)

H16. Was that for--

	<u>YES</u>	<u>NO</u>	<u>NOT ANSWERED</u>
a. Nursing home bills?	01	02	-1
b. Medical expenses, like hospital or doctor bills or for medicines? EXCLUDE NURSING HOME BILLS.	01	02	-1
c. Living expenses?	01	02	-1

I. PHYSICAL ENVIRONMENT

- I1. **Do you** (and **your** (husband/wife)) own or rent **your** (usual) home?
- | | | |
|--|--|---------|
| | OWNS OR IS BUYING | 01 |
| IF HOME OWNED BY SPOUSE, CODE "OWNS OR JS BUYING." | RENTS | 02 (I3) |
| IF GROUP HOME, CODE AS "RENTS." | OCCUPIES RENT-FREE OR FOR EXCHANGE OF SERVICES | 03 (I5) |
| | OTHER (SPECIFY) | 04 (I5) |
| <hr/> | | |
| | NOT ANSWERED | -1 (I5) |
- I2. **Do you** (and **your** husband/wife) make a monthly housing payment on a mortgage?
- | | | |
|--|----------------------------------|---------|
| EXCLUDE UTILITIES, TAXES, MAINTENANCE, CONDOMINIUM FEES, PARKING FEES. | YES | 01 (I5) |
| | NO/MORTGAGE IS PAID UP | 02 (I5) |
| | NOT ANSWERED | -1 (I5) |
- I3. IF NOT OBVIOUS, ASK:
Is **your** (usual) home in a public housing project? That is, is the rent paid to NAME OF LOCAL HOUSING AUTHORITY?
- | | | |
|--|------------------------|----|
| | YES | 01 |
| | NO | 02 |
| | NOT ANSWERED | -1 |
- I4. **Do you** receive any (other) assistance from the government in paying **your** rent?
- | | | |
|--|-----------------------|----|
| | YES | 01 |
| | NO | 02 |
| | NOT ANSWERED. | -1 |

I5. In the past year, **have you** received any help from the federal, state or local government in paying **your** (fuel/electric) bills?

PROBE: Under (the Energy Assistance Program/LOCAL NAME)?

YES 01
NO 02
NOT ANSWERED. -1

I6. **Have you** had to move when **you** did not want to within the last year?

YES 01
NO 02
NOT ANSWERED. -1

I7. **Are you** now on a waiting list to go to a nursing home?

YES 01
NO 02
NOT ANSWERED. -1

I8. (**Have you** applied to get into a nursing home/Did **you** apply for the nursing home) since DATE 2 MONTHS AGO ?

YES 01
NO 02
NOT ANSWERED. -1

I9. IS THE RESPONDENT A SAMPLE MEMBER OR A PROXY?

SAMPLE MEMBER 01
PROXY 02 (END, P.48)

I10. The last questions are about how you feel about your home. The purpose of these questions is to help us understand how people feel about where they live.

How satisfied are you with this place as a place to live? Are you --

very satisfied, 01
fairly satisfied, 02
or not very satisfied?. . . 03
NOT ANSWERED. -1

- I11. How safe do you feel inside here at night? Would you say very safe, somewhat safe, or very unsafe?
- VERY SAFE 01
 SOMEWHAT SAFE 02
 VERY UNSAFE 03
 NOT ANSWERED. -1
- I12. How satisfied are you with the state of repairs or maintenance here? Are you --
- very satisfied, 01
 fairly satisfied, 02
 or not very satisfied?. . . 03
 NOT ANSWERED. -1
- I13. Is there anything about the structure of this building that makes it hard for you to go outside?
- CIRCLE ALL THAT APPLY
- PROBE FOR PROBLEMS YES, STAIRS 01
 RELATED TO ARCHITECTURE YES, OTHER PROBLEM. 02
 OR REPAIR. NO. 03
 NOT ANSWERED. -1
- I14. How convenient is this place for visiting with friends? Is it --
- very convenient,. 01
 fairly convenient,. 02
 or not very convenient? . . 03
 NOT ANSWERED. -1
- I15. How much does any noise from the outside bother you here? Does it bother you--
- not much, 01
 a little, 02
 or a lot? 03
 NOT ANSWERED. -1
- I16. How satisfied are you with the amount of privacy you have here, that is, being able to do what you wish without other people seeing you or hearing you? Would you say that you are --
- very satisfied, 01
 fairly satisfied, 02
 or not very satisfied?. . . 03
 NOT ANSWERED. -1

THANK RESPONDENT.

IF COMPLETED IN ONE SESSION, CODE END TIME.

AM . . .01
END TIME: |__|__|:|__|__|
PM . . .02

J. OBSERVATIONS

J1. SAMPLE MEMBER'S SEX: MALE 01
 FEMALE 02
 NO INFORMATION. -1

J2. TYPE OF COMMUNITY IN WHICH SAMPLE MEMBER LIVES:
 LARGE CITY (250,000 OR MORE) . . . 01
 SUBURB OF LARGE CITY 02
 MEDIUM-SIZED CITY (50,000-250,000). 03
 SUBURB OF MEDIUM CITY.. . . . 04
 SMALL CITY (5,000-50,000) 05
 SMALL TOWN 06
 RURAL 07
 OTHER (SPECIFY) _____ . 08
 NO INFORMATION -1

J3. SAMPLE MEMBER'S CURRENT LIVING ARRANGEMENT:
 PRIVATE HOME, ROOM OR APARTMENT 01 (J5)

CODES 02 - 05 ARE NOT APPLICABLE IN THE COMMUNITY VERSION.

SUPPORTIVE HOUSING WITH CONGREGATE MEALS
 (NAME: _____) . . 06 (J5)

SUPPORTIVE HOUSING WITH OTHER SERVICES
 (NAME: _____) . . 07 (J5)

PERSONAL CARE HOME (NAME: _____) . . 08

OTHER (SPECIFY) _____ . . . 09 (J5)

NO INFORMATION. -1 (J5)

DURING THE ASSESSMENT, DID THE CLIENT'S BEHAVIOR STRIKE YOU AS:

	<u>YES</u>	<u>NO</u>	<u>CANNOT DETERMINE</u>
MENTALLY ALERT AND STIMULATING	01	02	03
PLEASANT AND COOPERATIVE	01	02	03
DEPRESSED AND/OR TEARFUL	01	02	03
FEARFUL, ANXIOUS, OR EXTREMELY TENSE . .	01	02	03
FULL OF UNREALISTIC COMPLAINTS	01	02	03
SUSPICIOUS (MORE THAN REASONABLE). . . .	01	02	03
BIZARRE OR INAPPROPRIATE (E.G., DISRUPTIVE, WANDERING, ABUSIVE)	01	02	03
WITHDRAWN OR LETHARGIC	01	02	03
AGITATED, QUICK, LOUD, AND EMOTIONALLY OVERRESPONSIVE	01	02	03

NOTES ON BEHAVIOR

NOTES ON ALCOHOL OR DRUG ABUSE

J4. IF PERSONAL CARE HOME, SITE-SPECIFIC CODE FOR TYPE:

|_|_|-|_|_|

NO INFORMATION. . . . -1

J5. DID THE SAMPLE MEMBER HAVE DIFFICULTY IN SPEAKING?

YES 01

NO 02 (J7)

NO OPPORTUNITY TO OBSERVE . -1 (J7)

J6. WHICH OF THE FOLLOWING BEST DESCRIBES THE SAMPLE MEMBER'S SPEECH?

PARTIALLY IMPAIRED (CAN USUALLY BE UNDERSTOOD
BUT HAS DIFFICULTY WITH SOME WORDS) 01

SEVERELY IMPAIRED (CAN BE UNDERSTOOD ONLY WITH
DIFFICULTY AND CANNOT CARRY ON A NORMAL
CONVERSATION) 02

COMPLETELY IMPAIRED (SPEECH IS UNINTELLIGIBLE
OR CANNOT SPEAK). 03

J7. THINKING ABOUT THE SAMPLE MEMBER'S UNDERSTANDING OF THE QUESTIONS,
MENTAL FUNCTIONING AND ABILITY TO COMMUNICATE, WOULD YOU SAY THE
RESPONSES TO THE QUESTIONS ASKED OF HIM/HER WERE:

COMPLETELY RELIABLE 01

RELIABLE ON MOST ITEMS. 02

RELIABLE ON SOME ITEMS. 03

COMPLETELY UNRELIABLE 04

NO QUESTIONS ASKED OF SAMPLE MEMBER -4

THE PHYSICAL ENVIRONMENT

CHECK IF A PROBLEM OBSERVED FOR EACH OF THE FOLLOWING:

- | | | | |
|---------------------------|--------------------------|----------------------------|--------------------------|
| PEELING PAINT | <input type="checkbox"/> | EVIDENCE OF SPOILED FOOD . | <input type="checkbox"/> |
| NO CURTAINS OR SHADES . . | <input type="checkbox"/> | DIRTY FOOD PREPARATION | |
| INADEQUATE VENTILATION. . | <input type="checkbox"/> | SURFACES | <input type="checkbox"/> |
| BLOCKED PATHWAYS/ACCESS | | MORE THAN ONE DAY'S | |
| TO FIRE EXITS | <input type="checkbox"/> | DIRTY DISHES IN SINK . . | <input type="checkbox"/> |
| SLIPPERY, STICKY OR | | BEDDING NOT FRESH | <input type="checkbox"/> |
| CLUTTERED FLOORS THAT | | TOILET AREA FILTHY OR | |
| MIGHT CAUSE SLIPPING | | ODOROUS. | <input type="checkbox"/> |
| OR TRIPPING | <input type="checkbox"/> | NO GRAB BARS NEAR | |
| | | TOILET AND/OR TUB. . . . | <input type="checkbox"/> |

COMMENTS ON THE PHYSICAL ENVIRONMENT

J8. CHECKLIST ON THE PHYSICAL ENVIRONMENT OF THE SAMPLE MEMBER:

	<u>PROB- LEM</u>	<u>NOT A PROBLEM</u>	<u>UNABLE TO OBSERVE</u>
A. LOOSE, SHAKY STAIRS	01	02	-1
B. BROKEN WINDOWS	01	02	-1
C. ADEQUATE HANDRAILS ON STAIRS	01	02	-1
D. INTERIOR OR EXTERIOR IN NEED OF MAJOR REPAIRS	01	02	-1
E. NO DEADBOLT OR OTHER SECURE LOCK ON DOOR	01	02	-1
F. FREEZING IN WINTER, SWELTERING IN SUMMER	01	02	-1
G. FIRE HAZARDS SUCH AS UNSAFE HEATING OR LIGHTING EQUIPMENT OR BARE WIRES	01	02	-1
H. ACCUMULATION OF TRASH OR GARBAGE IN OR AROUND DWELLING UNIT	01	02	-1
I. RATS OR MICE OR THEIR DROPPINGS	01	02	-1
J. PRESENCE OR STRONG ODOR OF EXCREMENT	01	02	-1
K. FLOODING OR STANDING WATER INSIDE	01	02	-1
L. INFESTATION WITH BUGS OR INSECTS	01	02	-1

COMMENTS ON ARCHITECTURAL BARRIERS

J9. HOW MANY FLIGHTS OF STAIRS WOULD THE SAMPLE MEMBER HAVE TO CLIMB TO GET FROM THE STREET TO HIS/HER DWELLING UNIT (OR ROOM)?

DO NOT COUNT FLIGHTS OF STAIRS IF ELEVATORS OR RAMPS ARE AVAILABLE.	FLIGHTS __ __
	NONE 00
ANY STAIRS FROM STREET TO BUILDING COUNT AS ONE FLIGHT.	UNABLE TO OBSERVE -1

J10. ARE THERE STEPS WITHIN THE DWELLING UNIT THAT THE SAMPLE MEMBER HAS TO CLIMB? IF YES, HOW MANY STEPS?

DO NOT COUNT STEPS IF BEDROOM, BATHROOM, AND KITCHEN ARE ON ONE LEVEL.	STEPS __ __
	NONE 00
	UNABLE TO OBSERVE -1

*** COMPLETE CONTACT SHEET.***

DATE REFERENCE CHART

Six Months		Two Months	
<u>If the current month is:</u>	<u>The month six months ago was:</u>	<u>If the current month is:</u>	<u>The month two months ago was:</u>
January	July	January	November
February	August	February	December
March	September	March	January
April	October	April	February
May	November	May	March
June	December	June	April
July	January	July	May
August	February	August	June
September	March	September	July
October	April	October	August
November	May	November	September
December	June	December	October

TOTALS FOR T2	1613	1770	2921	3630	9934
INFLATION PROVISION	0	162	421	723	1306
SUBTOTAL	1613	1932	3342	4353	11240
FRINGE	388	297	473	406	1564
BURDEN	751	679	1136	1132	3698
LOADED COSTS	2751	2909	4951	5891	16502
DIRECT TOTAL	3228	3627	5353	6479	20687
INFLATION PROVISION	0	319	756	1285	2360
SUBTOTAL	3228	3946	6109	7764	23047
FRINGE	669	684	936	977	3265
BURDEN	1390	1533	2251	2583	7758
SUBTOTAL	5287	6163	9296	11324	34070
GA(17.5%)	925	1078	1627	1982	5962
SUBTOTAL	6213	7241	10923	13306	40033
FEE(10.0%)	621	724	1092	1331	4003
GRAND TOTAL	6834	7965	12015	14637	44036

DIFFERENT FEE? (YES OR NO)

>YES
ENTER FEE

>8.5

FEE(08.5%)	528	615	928	1131	3403
GRAND TOTAL	6741	7857	11851	14437	43435

DIFFERENT FEE? (YES OR NO)

>NO

DO YOU WANT MORE REPORTS?

>NO

DO YOU WANT MORE RUNS?

>NO

R1